

INDIANA STATE POLICE

CLANDESTINE LABORATORY

EVIDENCE SUBMITTAL AUTHORIZATION FORM

Case Number

On _____ a suspected clandestine laboratory was identified and
Date (Month/Day/Year)
processed by a certified clandestine laboratory investigator(s). The following
items have been screened and determined to be of evidentiary value.

Authorization for submittal and analysis is therefore indicated.

| ITEM # | ITEM DESCRIPTION | UNIT |
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Certified Clandestine Laboratory Investigator

Date